

IN THE UNITED STATES DISTRICT COURT FOR THE
WESTERN DISTRICT OF MISSOURI

CHARLES DEWITT LEADER)
(full name) (Register No.))
3505 FREDERICK AVE)
ST. JOSEPH, MO 64506)

Plaintiff(s).

v.

FELICIA HAYES)
KEN COPELAND, ~~ALL INVOLVED OFFICERS~~)
(Full name))
ALL INVOLVED OFFICERS NEWTON)
COUNTY SHERIFF'S DEPT. AND JAIL)

Defendant(s).
208 COLER NEOSHO, MO 64850

17-5008-CV-SW-SRB-P

Case No. _____

Defendants are sued in their (check one):

☒ Individual Capacity

☐ Official Capacity

☐ Both

COMPLAINT UNDER THE CIVIL RIGHTS ACT OF 42 U.S.C. § 1983

I. Place of present confinement of plaintiff(s): N.M.P.R.C. 3505 FREDERICK AVE,
ST. JOSEPH, MO 64506

DEFENDANTS: NEWTON COUNTY JAIL 208 COLER NEOSHO, MO 64850

II. Parties to this civil action:

Please give your commitment name and any another name(s) you have used while incarcerated.

A. Plaintiff CHARLES DEWITT LEADER Register No. _____
Address 3505 FREDERICK AVE
ST. JOSEPH, MO 64506

B. Defendant KEN COPELAND, ALL INVOLVED OFFICERS, ALL INVOLVED
DEPUTYS. (208 COLER NEOSHO, MO 64850) AND FELICIA HAYES
Is employed as GUARDS, DEPUTYS, SHERIFF, FOR NEWTON
COUNTY SHERIFF'S DEPT. AND JAIL

For additional plaintiffs or defendants, provide above information in same format on a separate page.

III. Do your claims involve medical treatment? Yes _____ No X

IV. Do you request a jury trial? Yes X No _____

V. Do you request money damages? Yes X No _____

State the amount claimed? \$500,000 / 500,000 (actual/punitive)

VI. Are the wrongs alleged in your complaint continuing to occur? Yes _____ No X

VII. Grievance procedures:

A. Does your institution have an administrative or grievance procedure?

Yes X No _____

B. Have the claims in this case been presented through an administrative or grievance procedure within the institution?

Yes X No _____

C. If a grievance was filed, state the date your claims were presented, how they were presented, and the result of that procedure. (Attach a copy of the final result.)

FEB. 10, 2012 I WROTE A GRIEVANCE AND ASKED
TO GO TO THE E.R. THEY WOULD NOT GIVE A
COPY.

D. If you have not filed a grievance, state the reasons.

VIII. Previous civil actions:

A. Have you begun other cases in state or federal courts dealing with the same facts involved in this case?

Yes _____ No X

B. Have you begun other cases in state or federal courts relating to the conditions of or treatment while incarcerated?

Yes X No _____

C. If your answer is "Yes," to either of the above questions, provide the following information for each case.

(1) Style: CHARLES LEADER N.M.P.B.C.
(Plaintiff) (Defendant)

(2) Date filed: NOT SURE OF DATE FILED

- (3) Court where filed: WESTERN DISTRICT COURT OF MO
- (4) Case Number and citation: 15-6084-CV-SS-GAP-P
- (5) Basic claim made: INJUNCTION TO STOP FORCED MEDS DUE TO RELIGI
- (6) Date of disposition: N/A
- (7) Disposition: N/A
(Pending) (on appeal) (resolved)
- (8) If resolved, state whether for: NOT RESOLVED
(Plaintiff or Defendant)

For additional cases, provide the above information in the same format on a separate page.

IX. Statement of claim:

- A. State here as briefly as possible the facts of your claim. Describe how each named defendant is involved. Include the names of other persons involved, dates and places. Describe specifically the injuries incurred. Do not give legal arguments or cite cases or statutes. You may do that in Item "B" below. If you allege related claims, number and set forth each claim in a separate paragraph. Use as much space as you need to state the facts. Attach extra sheets, if necessary. Unrelated separate claims should be raised in a separate civil action.

ON SEPARATE PAPER

- B. State briefly your legal theory or cite appropriate authority:

9/1,
CRUEL AND UNUSAL PUNISHMENT 8TH AMENDMENT
TORTURE UNDER US ~~CASE~~ TITLE 18 ~~CASE~~
SECTION 2340 CHAPTER 113C

IN NEWTON COUNTY JAIL AT 208 COLER
NEOSHO, MO 64850 ON 02-10-2012. ~~THE~~
~~THE~~ GUARDS MOVED ME FROM A NORMAL
CELL TO DETOX CELL. I WAS RENDERED
UNCONSCIOUS THEN OFFICER'S GAVE ME
A LETHAL INJECTION. THEY TRIED TO
KILL ME. WHEN I WOKE UP I FELT VERY
ILL. THE DETOX ROOM HAS NO RUNNING
WATER. I ASKED FOR SOMETHING TO
DRINK BUT THEY WOULD NOT GIVE ME
ANY WATER. I FELL DOWN ON THE FLOOR
AND HAD A SEIZURE. I ASKED FELICA
HAYES TO GO TO THE EMERGENCY ROOM
SHE STARTED TO CRY AND SAID I
COULD NOT GO. I HAD BEEN IN THE
JAIL FOR A COUPLE WEEKS BEFORE
02-10-2012 FOR A PROPERTY DAMAGE
CHARGE. DUE TO THE THREAT TO MY
LIFE I DID NOT GO TO SLEEP FOR
4 DAYS AFTER THE DAY THEY TRIED TO
KILL ME. I WAS IN DETOX FOR 5 DAYS
TOTAL. NO MEDICAL ASSISTANCE WAS
GIVEN. I DEMAND JUST COMPENSATION
I WOULD SETTLE OUT OF COURT IF
NEWTON COUNTY WOULD OFFER A
REASONABLE SETTLEMENT TO ME. WHY
DID THEY TREAT ME LIKE THAT?

X. Relief: State briefly exactly what you want the court to do for you. Make no legal arguments.
START AN INVESTIGATION INTO WHAT HAPPENED
AWARD PLAINTIFF JUST COMPENSATION. QUESTION
ALL ON DUTY OFFICERS FROM THE JAIL ON THE
02-10-2012.

XI. Counsel:

A. If someone other than a lawyer is assisting you in preparing this case, state the person's name. N/A

B. Have you made any effort to contact a private lawyer to determine if he or she would represent you in this civil action? Yes ___ No X

If your answer is "Yes," state the names(s) and address(es) of each lawyer contacted.

C. Have you previously had a lawyer representing you in a civil action in this court? Yes ___ No X

If your answer is "Yes," state the name and address of the lawyer.

I declare under penalty of perjury that the foregoing is true and correct.

Executed (signed) this 26 day of DECEMBER 2016

Charles Leader CHARLES LEADER
Signature(s) of Plaintiff(s)

3505 FREDERICK AVE.
ST. JOSEPH, MO 64506

CHARLES LEADER
3805 FREDERICK AVE
ST JOSEPH, MO 64506

KANSAS CITY 640
31 DEC 2016 PM 3 L



WESTERN DISTRICT OF MO
400 EAST 9TH STREET
KANSAS CITY, MO 64106

64106-250799

